

Case Number:	CM14-0125750		
Date Assigned:	09/24/2014	Date of Injury:	10/13/2011
Decision Date:	10/30/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; multiple prior right shoulder surgeries; earlier left shoulder surgery in April 2014; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 22, 2014, the claims administrator partially certified a request for six sessions of physical therapy for the shoulder as four sessions of the same. The applicant's attorney subsequently appealed. In an August 12, 2014 progress note, the applicant reported persistent complaints of left shoulder pain with ancillary complaints of neck pain and upper back pain. The applicant was using tramadol for pain relief. 16-18 pounds of grip strength was noted about the left hand versus 24-26 pounds of grip strength about the right hand. Increased strength was appreciated about the shoulder with mildly improving range of motion also noted about the same. It was stated that the applicant had issues with possible systemic inflammatory processes impeding and delaying her recovery. It was further noted that the applicant was alleging multifocal pain complaints secondary to cumulative trauma. The applicant was reportedly anxious, it was further noted. Six sessions of physical therapy were sought. A rather proscriptive 10- to 15-pound lifting limitation was endorsed. It was not clear whether the applicant was, in fact, working or not. In a note dated July 15, 2014, it was stated that the applicant had completed 22 sessions of postoperative physical therapy following the claims administrator's partial certification of four sessions of treatment. The applicant was using a half tablet of tramadol daily, it was stated. The applicant was obese, standing 5 feet tall and weighing 171 pounds. 4+/5 shoulder strength was noted with improving shoulder range of

motion. Additional physical therapy to help the applicant advance to home exercise program was sought.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Six additional physical therapy sessions for the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Official Disability Guidelines, Treatment/Disability Duration Guidelines; Adhesive capsulitis Official Disability Guidelines-Treatment for Worker's Compensation

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the Postsurgical Treatment Guidelines, a general course of around 24 sessions of treatment is recommended during the six months following shoulder surgery for rotator cuff syndrome/impingement syndrome, as apparently transpired here. The request as written, thus, is essentially in-line with MTUS parameters. As further noted in the Postsurgical Treatment Guidelines, if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the applicant was/is demonstrating progress from visit to visit as evinced by improving range of motion and strength about the injured shoulder. The applicant's work restrictions were likewise appropriately diminished from visit to visit to reflect the applicant's progress, suggesting ongoing functional improvement as defined in MTUS 9792.20f with earlier physical therapy treatment. Additional physical therapy was/is indicated, for all of the stated reasons. Therefore, the request for Six additional physical therapy sessions for the left shoulder is medically necessary and appropriate.